

# EXHIBIT 1

## (Redacted)

May 18<sup>th</sup>, 2015

Disability Services  
National Board of Medical Examiners  
3750 Market St  
Philadelphia, PA 19104-3102

Two whom it may concern:

I am writing this letter in order to request testing accommodations on the USMLE Step 1 exam. I have a developmental reading disorder and ADHD, in addition to other conditions less applicable to this accommodations request (e.g., math disorder, anxiety disorder). Because my reading impairment so strongly and single-handedly necessitates extended test time, it will be my focus in this statement. The USMLE Step 1 examination is intended to measure certain aspects of foundational medical knowledge and medical problem solving skills; however, because my developmental reading disability, my ability to linguistically access the exam is impaired. I am submitting this application to request time and a half on my USMLE Step 1 exam. As the exam is administered by formal testing facilities that provide visual barriers and noise-suppressing/canceling headphones, I do not believe a private testing environment will be required. I wouldn't want to request more than what is necessary.

In all aspects of my life, as far back as I can remember, I have struggled with reading. Juxtaposed my sister (a prolific reader of comparable intellect), I was a literary 'late bloomer.' My experience with reading is not solely tainted by my symptoms of ADHD—inability to filter stimuli, impulsivity, increased distractibility; the very act of reading, itself, can be a frustrating and laborious experience. This is particularly the case if I allow my reading to outpace my comprehension. I must choose to either repeatedly reread phrases, consciously and drastically slow the rate at which I read, or sacrifice understanding/recollection of what I've read.

I hope by providing a few specific examples I can better convey how pervasive the disorder is. In everyday life, stock-ticker-style scrolling text and subtitles are a near impossibility without pausing or multiple passes. For one, I am rarely able to comprehend road-side information signs. Something as simple as annoying dinner companions with lengthy menu time has led to a self-conscious discomfort and a tendency to forgo the menu altogether, resorting to the server's suggestions. Subtitled movies are a definite no-go; so, unless I'm watching alone, I can forget about reading the Star Wars prologue. In fact, my brother instinctively compensates for my disability, reading on-screen text out-loud when we're together. Beyond the social implications, it has affected my professional life. For example, when I was employed as an analyst in clinical research, I struggled with the necessary reading (e.g., charts, journal articles, manuscript drafts) and found myself regularly disappointing my PI with slow progress. To compensate without violating contractually obligated work-hour/overtime limitations, I resorted to working off the clock and taking work home.

The implications of a reading disability are more obvious in their effects on academics. Group work has always proven to be an embarrassing or disappointing experience, as my peers become frustrated with or indifferent to my inability to keep up. I have repeatedly found myself unable to complete exams within time limits and spend far more than the average student on written or reading assignments. I was even the very last student in my 10<sup>th</sup> grade class to complete the Massachusetts Comprehensive Assessment System (an untimed state-wide standardized exam for public school students). With time limitations completely eliminated for all students, I managed to score high enough to receive the John and Abigail Adams Scholarship for free tuition at any Massachusetts state college or university. While I may not have had formal accommodations in high school, I never had the need. The culture of Dover Sherborn (a very small two-town public high school in the Boston suburbs) and its teachers provided opportunities to complete exams during lunch or after school. They managed my ADHD without formal interventions, encouraging me to unobtrusively trim houseplants or clean fish tanks during class. Having never been informed of the existence of accommodations, I never sought them for the SAT. I vividly recall leaving sections unfinished, particularly a math word-problem section, and I believe this was a significant contributing factor to why I scored ~100 points below untimed practice tests. While my total score of 1420 was respectable, I have always

resented looking less intelligent for having run out of time. It was not until years later in college that I discovered accommodations at the suggestion of a professor.

Upon arriving at medical school, I did not begin the months-long process of evaluation for accommodations at MUSC until the end of the first semester when the need became obvious. However, they were not approved until halfway through the second semester with insufficient time to rescue one of my failing class grades. Since their enactment, I have worked hard at remaining cognizant of time during exams—even with practice, I often finish with seconds to spare. In a structured academic environment with ever-increasing workloads, formal accommodations have become a matter of survival.

It may appear strange that this is my first official standardized examination for which I am requesting accommodations. However, please consider that until very recently, I perceived the negative repercussions for accepting accommodations to be a costly risk. As I am sure you are well aware, prior to last year, all MCAT score reports of students receiving disability accommodations were discriminately marked. Because of this, I had been multiply advised against applying for accommodations by my Skidmore College Premedical Advisory Board, my mentor, Dr. Peter Moley, MD, and both my father and sister—two Washington University School of Medicine graduates. While my MCAT practice scores fell between 39 and 42 (>99<sup>th</sup> percentile), I heeded their advice for my first attempt and managed to achieve a 35 (~95<sup>th</sup> percentile) without accommodations, despite having left a substantial percentage of the exam blank. While this difference in score likely came into play with my father and sister's alma mater, I was fortunate that it did not prevent my acceptance at MUSC.

I was aware that the USMLE historically followed a similar practice of flagging scores achieved with accommodations, but my medical college's Deans Office pressured me to apply for additional time and an isolated testing environment. I half-heartedly began the process of seeking accommodations last fall, unconvinced that it would best serve my future. Then, just recently, I learned of the AAMC's acquiescence to the Department of Justice' ruling against such flagging of scores first publicized in a suit brought against the Law School Admission Council. Following that thread, I further learned that as of last September, USMLE score reports will no longer flag accommodations. In light of this recent development, I now find myself willing to disclose relevant disabilities to your committee and apologize for not taking action earlier. With an application review period of up to 60 days, and having planned to take the Step I examination this July, I would be happy to provide any assistance you request to expedite the processing of this application.

Respectfully,

Justin Silverman  
Medical University of South Carolina  
College of Medicine - Class of 2017  
[REDACTED]  
[REDACTED]

# SKIDMORE

C O L L E G E

October 30, 2014

To Whom it May Concern:

Justin Silverman graduated from Skidmore College in 2010. Following a review of the neuropsychological evaluation submitted as supporting documentation, Justin was approved for 50% extended test time and testing in a distraction reduced location. Throughout his time at Skidmore Justin consistently accessed these academic accommodations.

Please let me know if you have any questions or if I can provide additional information. I can be reached via email at [REDACTED] or by phone at [REDACTED].

Sincerely,

Meg Hegener  
Coordinator for Students Access Services  
Office of Student Academic Services  
Skidmore College



College of Medicine  
Dean's Office  
96 Jonathan Lucas Street Suite 601  
MSC 607  
Charleston SC 29425-6170  
Tel: 843 792 2081  
Fax 843 792 2967  
www.musc.edu

May 19, 2015

Disability Services  
National Board of Medical Examiners  
3750 Market Street  
Philadelphia, PA 19104-3102  
Telephone: (215) 390-9700  
Facsimile: (215) 390-9422  
e-mail: [disabilityservices@nabme.org](mailto:disabilityservices@nabme.org)

To whom it may concern

This letter is being written on behalf of Justin Silverman [REDACTED] an MS2 student enrolled in the College of Medicine at the Medical University of South Carolina. As Associate Dean for Student Affairs I have worked closely with Justin and I believe that I can speak accurately regarding his academic needs.

Justin initially matriculated in the College of Medicine during the 2011-2012 academic year. In the late spring of 2012 he was granted written testing accommodations (time and one-half on exams and private testing setting) based on psychological testing completed at our student counselling center (Shantee Foster, PhD; Alice Lebet, PhD, diagnosis: ADHD and Reading Disorder). Justin unfortunately failed one spring 2012 course and subsequently took a one year academic leave of absence. Upon returning to school for the 2013-2014 school year, Justin continued to receive academic accommodations. With these accommodations in-hand he has successfully completed his first 3 semesters in medical school and is within weeks of (likely) successfully completing his 4<sup>th</sup> semester making him eligible to sit for his USMLE Step 1 exam.

It is my understanding that Justin also received academic accommodations (time and one-half on exams and private testing setting) during his undergraduate studies based upon a neuropsychological evaluation completed in late 2005-early 2006 (Thomas B. Danforth, PhD; diagnosis: ADHD, Reading Disorder, Mathematics Disorder and Anxiety Disorder). Justin informs me that he has not previously applied for accommodations with regard to standardized testing due to his concern that having scores labeled as associated with accommodations could harm his competitiveness for medical school admission.

In summary, Justin Silverman is a hard worker who puts in many hours of study. Based upon well-established diagnoses of ADHD and learning disorders (both a reading disorder and mathematics disorder) he has been granted testing accommodations both at his undergraduate school and during medical school. In working closely with Justin, it is clear to me that he needs these academic accommodations in order to perform in a manner consistent with his native intellect.

Please give Justin's request for testing accommodations on his USMLE Step 1 exam your most careful consideration. I remain available to address any questions or concerns.

Sincerely,

John R. Freedy, MD, PhD  
Associate Professor of Family Medicine  
Associate Dean for Student Affairs

[REDACTED]

19 Pages Removed To Be Filed  
Under Seal

## United States Medical Licensing Examination" (USMLE")

## Certification of Prior Test Accommodations

Please type or print. To be completed and signed by medical school official responsible for student disability services.

Applicant Name: Justin Silverman USMLE ID#: [REDACTED]

I certify that MUSC has officially approved and continuously  
Name of School  
 provided the following accommodations for the above applicant beginning on 03/2012  
Date (Month/Year)

1. Accommodation(s) provided for classroom and clinical coursework:

Reason for accommodation(s):

2. Accommodation(s) provided for written exams: Time and one-half +  
Private Testing setting  
for all written exams

Reason for accommodation(s):

3. Accommodation(s) provided for clinical skills exams:

Reason for accommodation(s):

Name of School Official: John R. Freedy, MD, PhD Title: Associate Dean,  
Student Affairs  
Print Name of Official Title of Official

Signature of Official: [Signature] Date: 05/19/15

Telephone Number: [REDACTED]

Mail, fax, or e-mail completed form to:

Disability Services  
 National Board of Medical Examiners  
 3750 Market Street  
 Philadelphia, PA 19104-3190  
 Telephone: (215) 590-9700  
 FAX: (215) 590-9422

E-mail: [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org)

Call or e-mail to verify receipt of Fax and mail submissions

# MCAT Exam Score Report

**Name** JUSTIN ROBERT SILVERMAN  
**Gender** Male  
**AAMC ID** [REDACTED]  
**Verification Code** [REDACTED]  
**Date of Birth** [REDACTED]  
**URL \*** <https://services.aamc.org/443/30/scoreReportingWeb/report/verify>  
*\* This report will no longer be able to be verified after 08/17/2015*

In order to verify these scores, you will be directed to create a user name and password. When visiting this page, select "Register for an AAMC Account" to begin this process.

## MCAT Exam Scores

Before January 31, 2015

Test Date	Total Score	Confidence Band <sup>1</sup>	Percentile Rank of Score <sup>2</sup>	Physical Sciences		Verbal Reasoning		Writing Sample		Biological Sciences	
				Score	Percentile Rank of Score	Score	Percentile Rank of Score	Score	Percentile Rank of Score	Score	Percentile Rank of Score
09/11/2010	35M	33 to 37	96%	11	89%	17	95%	M	31%	13	98%

### Notes

<sup>1</sup>Test scores, like other measurements, are not perfectly precise. The confidence bands that are shown for the Total Scores above mark the ranges in which the test-taker's true scores likely lie. To obtain the confidence band for each section score, subtract one point from and add one point to the score (or, in the case of the Writing Sample, subtract and add one letter).

<sup>2</sup>The percentile ranks of scores are the percentages of test-takers who received the same scores or lower scores.

Copyright ©1995-2015 | Association of American Medical Colleges

5/19/2015 10:11 AM



## United States Medical Licensing Examination® (USMLE®)

### REQUEST FOR TEST ACCOMMODATIONS

*Use this form if you are requesting accommodations on USMLE for the first time*

**The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program**

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at [www.usmle.org](http://www.usmle.org) for a detailed description of how to document a need for accommodation.
- Complete all sections of this request form and submit it together with all required documentation at the same time you submit your Step exam application.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation will delay processing of your request.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Submitting duplicate and/or bound documentation may delay processing of your request.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within a few days of submitting your request, please contact Disability Services at 215-590-9700. You may be asked to submit additional documentation to complete your request.
- Requests are processed in the order in which they are received. Allow at least 60 days for processing of your request. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org) or by telephone at 215-590-9700.

### **You MUST provide supporting documentation verifying your current functional impairment.**

- In order to document your need for accommodation, submit the following with this form:
- ✓ A personal statement describing your disability and its impact on your daily life and educational functioning.
- ✓ Supporting documentation such as psychoeducational evaluations; medical records; copies of report cards, academic and score transcripts; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; verification of prior academic/test accommodations; etc.
- ✓ A complete and comprehensive evaluation. Reports from qualified professionals must be typewritten on letterhead, signed and include the professional's qualifications.

## USMLE® Request for Test Accommodations

## Section A: Exam Information

Place a check next to the examination(s) for which you are currently registered and requesting test accommodations: (Check all that apply)

- ☒ Step 1  
☐ Step 2 CK (Clinical Knowledge)  
☐ Step 2 CS (Clinical Skills)  
☐ Step 3

Section B: Biographical Information  
Please type or print.

B1. Name: Silverman Justin R  
 Last First Middle Initial

B2. Gender: ☒ Male ☐ Female

B3. Date of Birth: [REDACTED]

B4. USMLE # [REDACTED] (required)

B5. Address: [REDACTED]

Street

City

Country

Daytime Telephone Number

Alternate Telephone Number

E-mail address

B6. Medical School Name: Medical University of South Carolina

Country of Medical School: USA

Date of Medical School Graduation: 05/2017

## USMLE® Request for Test Accommodations

## Section C: Accommodations Information

C1. Do you require wheelchair access at the examination facility? ☐ Yes ☒ No  
 If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: \_\_\_\_\_

C2. Describe the accommodation(s) you are requesting. Accommodations must be appropriate to the impairment within the context of the examination task and setting:  
Additional time allotted for completion of the examination to compensate for reduced reading rate and delayed verbal processing secondary to developmental reading disorder and ADHD.

C3. Check **ONLY ONE** box for the exam(s) for which you are registered.

**STEP 1:****Additional Break Time**

- ☐ Additional break time over 1 day  
☐ Additional break time over 2 days

**Additional Testing Time**

- ☐ 25% Additional test time (Time and 1/4) over 2 days  
☒ 50% Additional test time (Time and 1/2) over 2 days  
☐ 100% Additional test time (Double time) over 2 days  
☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

**STEP 2 CK:****Additional Break Time**

- ☐ Additional break time over 2 days

**Additional Testing Time**

- ☐ 25% Additional test time (Time and 1/4) over 2 days  
☐ 50% Additional test time (Time and 1/2) over 2 days  
☐ 100% Additional test time (Double time) over 2 days  
☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

**STEP 3:****Additional Break Time**

- ☐ Additional break time over 4 days

**Additional Testing Time**

- ☐ 25% Additional test time (Time and 1/4) over 3 days  
☐ 50% Additional test time (Time and 1/2) over 4 days  
☐ 100% Additional test time (Double time) over 5 days  
☐ Additional break time and 50% Additional test time (Time and 1/2) over 4 days

**STEP 2 CS:**

Describe the accommodations you are requesting for each section of Step 2 CS (i.e., patient encounter, patient note). If you are requesting additional time, state the **amount** of additional time you require in **minutes per encounter/note**.

☐ Patient Encounter: \_\_\_\_\_

☐ Patient Note: \_\_\_\_\_



## USMLE® Request for Test Accommodations

## Section D: Information About Your Impairment

D1. Check the box that best describes the **nature of your impairment** and list the **year** it was first diagnosed by a qualified professional. Check only those for which you are requesting accommodations.

## Sensory

- ☐ Hearing  
☐ Vision  
☐ Other (specify): \_\_\_\_\_

Year first diagnosed

## Learning

- ☒ Reading  
☐ Writing  
☐ Mathematics  
☒ Other (specify): \_\_\_\_\_

## Language

- ☐ Expressive  
☐ Receptive  
☐ Other (specify): \_\_\_\_\_

## Physical

- ☐ Mobility/motor  
☐ Endocrine  
☐ Neurological  
☐ Other (specify): \_\_\_\_\_

## Psychiatric

- ☐ Anxiety Disorder  
☐ Depression/Mood Disorder  
☐ Attention Deficit/Hyperactivity Disorder  
☐ Other (specify): \_\_\_\_\_

Other Impairment (specify) \_\_\_\_\_

D2. List your **current** DSM/ICD diagnosis/diagnoses for which you are requesting accommodations:

## D3. Personal Statement

- **Attach a signed and dated personal statement describing your impairments(s) and their impact on daily life.** Narratives should **not** be confined to standardized test performance. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limit your current functioning in a major life activity. In your own words, discuss how your impairment(s) would interfere with your access to the relevant USMLE Step and how the specific accommodation(s) you are requesting will alleviate this impact.

## USMLE® Request for Test Accommodations

## Section E: Accommodation History

## STANDARDIZED EXAMINATIONS

E1. List accommodations you received for all standardized examinations such as college, graduate and professional school admissions tests and professional licensure and certification examinations. If no accommodations were provided, write NONE.

- ☒ Attach copies of official documentation from each testing agency confirming the test accommodations they provided.
- ☒ Attached a copy of your official examination score report(s).

	DATE(S) ADMINISTERED	ACCOMMODATION(S) PROVIDED
<input checked="" type="checkbox"/> SAT <sup>®</sup> , ACT <sup>®</sup>	Fall of 2002	none
<input checked="" type="checkbox"/> MCAT <sup>®</sup>	09/11/2010	none
<input type="checkbox"/> GRE <sup>®</sup>		
<input type="checkbox"/> GMAT <sup>®</sup>		
<input type="checkbox"/> LSAT <sup>®</sup>		
<input type="checkbox"/> DAT <sup>®</sup>		
<input type="checkbox"/> COMLEX <sup>®</sup>		
<input type="checkbox"/> Bar Examination(s)		
<input type="checkbox"/> Other(s)		

## POSTSECONDARY EDUCATION

E2. List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

- ☒ Attach copies of official records from the school(s) listed confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
Medical/Graduate/ Professional School	MUSC College of Medicine	Time and a half, Reduced-Distracton test environment	04/2012 - Present
Undergraduate School	Skidmore College	Time and a half, Reduced-Distracton test environment	Spring, 2006 - Spring, 2010

## E3. Certification of Prior Test Accommodations

- ☒ If you receive/received accommodations in medical school and/or residency, the appropriate official at your medical school/residency must complete and submit the Certification of Prior Test Accommodations form available at [www.usmle.org](http://www.usmle.org).

## USMLE® Request for Test Accommodations

**PRIMARY AND SECONDARY SCHOOL**

**E4.** List each school and all formal accommodations you received, and the dates accommodations were provided:

- Attach copies of official records from the school(s) listed confirming the accommodations they provided.

	<b>SCHOOL</b>	<b>ACCOMMODATIONS PROVIDED</b>	<b>DATES PROVIDED</b>
<b>High School</b>			
<b>Middle School</b>			
<b>Elementary School</b>			

**Section F: Certification and Authorization**

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information (see "Indeterminate Scores and Irregular Behavior"), if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Justin Silverman

Signature: \_\_\_\_\_

Date: 4/28/2015



**USMLE® Request for Test Accommodations**

**What to Submit**

- ✓ Legible copies of all documents, not originals
- ✓ Typewritten and signed letters and reports from professionals on their letterhead
- ✓ Complete reports with all pages including test scores
- ✓ All documents in English. You are responsible for providing certified English translations of all non-English documentation
- ✓ Childhood records - if your request is based on a developmental disorder (e.g., LD, dyslexia, ADHD)
- ✓ Official transcripts and standardized test score reports
- ✓ Documentation beyond self-report of your functional impairment
- ✓ Documentation of your functional impairment in activities other than test-taking

**What NOT to Submit**

- ✗ Original documents
- ✗ Handwritten or unsigned letters from physicians or evaluators
- ✗ Copies of reports with redactions or missing pages
- ✗ Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- ✗ Duplicate documentation previously submitted to Disability Services
- ✗ Previous correspondence from Disability Services
- ✗ Research articles, your résumé or curriculum vita
- ✗ Staples, binders, page protectors, folders, or similar items

**Mail, fax or e-mail (as a pdf) your completed request form and supporting documents to the address below at the same time you submit your Step examination application.**

**Disability Services  
National Board of Medical Examiners  
3750 Market Street  
Philadelphia, PA 19104-3190  
Telephone: (215) 590-9700  
Facsimile: (215) 590-9422  
E-mail: [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org)**

## United States Medical Licensing Examination® (USMLE®)

### **REQUEST FOR TEST ACCOMMODATIONS**

*Use this form if you are requesting accommodations on USMLE for the first time*

**The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program**

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at [www.usmle.org](http://www.usmle.org) for a detailed description of how to document a need for accommodation.
- Complete all sections of this request form and submit it together with all required documentation at the same time you submit your Step exam application.
- Incomplete, illegible, or unsigned request forms and/or insufficient supporting documentation will delay processing of your request.
- Do not send originals. Please retain the originals of all documentation that you submit as we are unable to return submissions or provide duplicate copies to third parties.
- Submitting duplicate and/or bound documentation may delay processing of your request.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within a few days of submitting your request, please contact Disability Services at 215-590-9700. You may be asked to submit additional documentation to complete your request.
- Requests are processed in the order in which they are received. Allow at least 60 days for processing of your request. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org) or by telephone at 215-590-9700.

### **You MUST provide supporting documentation verifying your current functional impairment.**

- ☒ In order to document your need for accommodation, submit the following with this form:
- ✓ **A personal statement** describing your disability and its impact on your daily life and educational functioning.
  - ✓ **Supporting documentation** such as psychoeducational evaluations; medical records; copies of report cards, academic and score transcripts; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; verification of prior academic/test accommodations; etc.
  - ✓ **A complete and comprehensive evaluation**. Reports from qualified professionals must be typewritten on letterhead, signed and include the professional's qualifications.



## USMLE® Request for Test Accommodations

## Section A: Exam Information

Place a check next to the examination(s) for which you are currently registered and requesting test accommodations: (Check all that apply)

- ☒ Step 1  
☐ Step 2 CK (Clinical Knowledge)  
☐ Step 2 CS (Clinical Skills)  
☐ Step 3

Section B: Biographical Information  
Please type or print.

B1. Name: Silverman Justin R  
Last First Middle Initial

B2. Gender: ☒ Male ☐ Female

B3. Date of Birth: [REDACTED]

B4. USMLE # [REDACTED] (required)

B5. Address: [REDACTED]

Street [REDACTED]

City [REDACTED]

Country [REDACTED]

Daytime Telephone Number [REDACTED]

Alternate Telephone Number [REDACTED]

E-mail address [REDACTED]

B6. Medical School Name: Medical University of South Carolina

Country of Medical School: USA

Date of Medical School Graduation: 05/2018

## USMLE® Request for Test Accommodations

## Section C: Accommodations Information

C1. Do you require wheelchair access at the examination facility? ☐ Yes ☒ No  
 If yes, and you require an adjustable height computer table, indicate the number of inches required from the bottom of the table to the floor: \_\_\_\_\_

C2. Describe the accommodation(s) you are requesting. Accommodations must be appropriate to the impairment within the context of the examination task and setting:  
Additional time allotted for completion of the examination to compensate for reduced reading rate and delayed verbal processing secondary to developmental reading disorder and ADHD.

C3. Check **ONLY ONE** box for the exam(s) for which you are registered.

**STEP 1:****Additional Break Time**

☐ Additional break time over 1 day

☐ Additional break time over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

**Additional Testing Time**

☐ 25% Additional test time (Time and 1/4) over 2 days

☒ 50% Additional test time (Time and 1/2) over 2 days

☐ 100% Additional test time (Double time) over 2 days

**STEP 2 CK:****Additional Break Time**

☐ Additional break time over 2 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 2 days

**Additional Testing Time**

☐ 25% Additional test time (Time and 1/4) over 2 days

☐ 50% Additional test time (Time and 1/2) over 2 days

☐ 100% Additional test time (Double time) over 2 days

**STEP 3:****Additional Break Time**

☐ Additional break time over 4 days

☐ Additional break time and 50% Additional test time (Time and 1/2) over 4 days

**Additional Testing Time**

☐ 25% Additional test time (Time and 1/4) over 3 days

☐ 50% Additional test time (Time and 1/2) over 4 days

☐ 100% Additional test time (Double time) over 5 days

**STEP 2 CS:**

Describe the accommodations you are requesting for each section of Step 2 CS (i.e., patient encounter, patient note). If you are requesting additional time, state the amount of additional time you require in minutes per encounter/note.

☐ Patient Encounter: \_\_\_\_\_

☐ Patient Note: \_\_\_\_\_

## USMLE® Request for Test Accommodations

## Section D: Information About Your Impairment

D1. Check the box that best describes the **nature of your impairment** and list the **year** it was first diagnosed by a qualified professional. Check only those for which you are requesting accommodations.

	Year first diagnosed
<b>Sensory</b>	
<input type="checkbox"/> Hearing	_____
<input type="checkbox"/> Vision	_____
<input type="checkbox"/> Other (specify): _____	_____
<b>Learning</b>	
<input checked="" type="checkbox"/> Reading	_____
<input type="checkbox"/> Writing	_____
<input type="checkbox"/> Mathematics	_____
<input checked="" type="checkbox"/> Other (specify): _____	_____
<b>Language</b>	
<input type="checkbox"/> Expressive	_____
<input type="checkbox"/> Receptive	_____
<input type="checkbox"/> Other (specify): _____	_____
<b>Physical</b>	
<input type="checkbox"/> Mobility/motor	_____
<input type="checkbox"/> Endocrine	_____
<input type="checkbox"/> Neurological	_____
<input type="checkbox"/> Other (specify): _____	_____
<b>Psychiatric</b>	
<input type="checkbox"/> Anxiety Disorder	_____
<input type="checkbox"/> Depression/Mood Disorder	_____
<input type="checkbox"/> Attention Deficit/Hyperactivity Disorder	_____
<input type="checkbox"/> Other (specify): _____	_____
<b>Other Impairment (specify)</b> _____	_____

D2. List your **current** DSM/ICD diagnosis/diagnoses for which you are requesting accommodations:

\_\_\_\_\_

\_\_\_\_\_

## D3. Personal Statement

- 3 Attach a signed and dated personal statement describing your impairments(s) and their impact on daily life. Narratives should not be confined to standardized test performance. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limit your current functioning in a major life activity. In your own words, discuss how your impairment(s) would interfere with your access to the relevant USMLE Step and how the specific accommodation(s) you are requesting will alleviate this impact.

## USMLE® Request for Test Accommodations

## Section E: Accommodation History

## STANDARDIZED EXAMINATIONS

E1. List accommodations you received for all standardized examinations such as college, graduate and professional school admissions tests and professional licensure and certification examinations. If no accommodations were provided, write NONE.

- ☒ Attach copies of official documentation from each testing agency confirming the test accommodations they provided.
- ☒ Attached a copy of your official examination score report(s).

	DATE(S) ADMINISTERED	ACCOMMODATION(S) PROVIDED
<input checked="" type="checkbox"/> SAT®, ACT®	Fall of 2002	none
<input checked="" type="checkbox"/> MCAT®	09/11/2010	none
<input type="checkbox"/> GRE®		
<input type="checkbox"/> GMAT®		
<input type="checkbox"/> LSAT®		
<input type="checkbox"/> DAT®		
<input type="checkbox"/> COMLEX®		
<input type="checkbox"/> Bar Examination(s)		
<input type="checkbox"/> Other(s)		

## POSTSECONDARY EDUCATION

E2. List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

- ☒ Attach copies of official records from the school(s) listed confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
Medical/Graduate/ Professional School	MUSC College of Medicine	+50% time on exams, Low-distraction test environment	04/2012 - Present
Undergraduate School	Skidmore College	+50% time on exams, Low-distraction test environment	Spring, 2006 - Spring, 2010

## E3. Certification of Prior Test Accommodations

- ☒ If you receive/received accommodations in medical school and/or residency, the appropriate official at your medical school/residency must complete and submit the **Certification of Prior Test Accommodations** form available at [www.usmle.org](http://www.usmle.org).



## USMLE® Request for Test Accommodations

**PRIMARY AND SECONDARY SCHOOL**

**E4.** List each school and all formal accommodations you received, and the dates accommodations were provided:

- ☐ **Attach copies of official records from the school(s) listed confirming the accommodations they provided.**

	<b>SCHOOL</b>	<b>ACCOMMODATIONS PROVIDED</b>	<b>DATES PROVIDED</b>
<b>High School</b>			
<b>Middle School</b>			
<b>Elementary School</b>			

**Section F: Certification and Authorization**

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information (see "Indeterminate Scores and Irregular Behavior"), if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Justin Silverman

Signature: 

Date: 3/07/2016

**USMLE® Request for Test Accommodations**

**What to Submit**

- ✓ Legible copies of all documents, not originals
- ✓ Typewritten and signed letters and reports from professionals on their letterhead
- ✓ Complete reports with all pages including test scores
- ✓ All documents in English. You are responsible for providing certified English translations of all non-English documentation
- ✓ Childhood records - if your request is based on a developmental disorder (e.g., LD, dyslexia, ADHD)
- ✓ Official transcripts and standardized test score reports
- ✓ Documentation beyond self-report of your functional impairment
- ✓ Documentation of your functional impairment in activities other than test-taking

**What NOT to Submit**

- ✗ Original documents
- ✗ Handwritten or unsigned letters from physicians or evaluators
- ✗ Copies of reports with redactions or missing pages
- ✗ Multiple copies of documentation (i.e., faxed and mailed copies of a document)
- ✗ Duplicate documentation previously submitted to Disability Services
- ✗ Previous correspondence from Disability Services
- ✗ Research articles, your résumé or curriculum vita
- ✗ Staples, binders, page protectors, folders, or similar items

**Mail, fax or e-mail (as a pdf) your completed request form and supporting documents to the address below at the same time you submit your Step examination application.**

**Disability Services  
National Board of Medical Examiners  
3750 Market Street  
Philadelphia, PA 19104-3190  
Telephone: (215) 590-9700  
Facsimile: (215) 590-9422  
E-mail: [disabilityservices@nbme.org](mailto:disabilityservices@nbme.org)**